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ABSTRACT

Studies have shown that sociopaths and alcoholics tend to come from similar social backgrounds and that they share several characteristics. To investigate the relationship between alcoholism and character disorder syndrome in adult males, 20 males who had a history of alcohol problems and displayed characteristics of character disorder were studied by case study analysis. All 20 cases received a diagnosis of alcoholism; 13 received a diagnosis of character disorder. Most cases were diagnosed in 11 or more areas of disturbance; however, four of the seven non-character-disordered were diagnosed in less than nine areas. Fifteen cases had a history of school truancy, 15 were financially dependent on others, and 12 had a history of arrests. The most frequent problems indicated were disturbed marital history, alcohol abuse, impulsive behavior, and difficulties in work history. The findings suggest that these results were insufficient to substantiate a relationship between alcoholism and character disorders. (NRB)

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A STUDY OF THE RELATIONSHIP BETWEEN ALCOHOLISM AND CHARACTER DISORDER

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TABLE OF CONTENTS

Acknowledgements iii

Chapter ... Page

I. Introduction 1
Alcoholism: A Brief History of the Problem 2
Moral and Religious Issues 2
Alcoholism: An Emerging Pattern of Treatment 3
Steiner's and Szasz's Influence 5
Influence of Alcoholics Anonymous 5
The Problem of Treatment: A Major Social Issue 6
Character Disorder 6
Statement of Purpose 9
Hypothesis 9
Delimitations 9
Limitations 10
Definitions 10
Need and Significance 11

II. Review of the Literature 13
Sociological Perspectives of Alcoholism: Snyder's Theory .. 13
"Alcoholism: A Separate Life Style" 14
A Sociological Perspective of Alcoholism Family Experience 16
Results of Family Experience 18
Children of Alcoholic Parents 19
Effects of Alcoholic Parents on Children 19
Developmental Theory of Mental Disorder 22
Genetic Aspects of Alcoholism 23

III. Methodology 28
Definition of Sample 28
Parallels of Alcoholism Relating Psychologically to Character Disorder 32
Character Disorder Traits 36
Eitology 38
Characteristics of the Character Disorder Person 39
Characteristics of Alcoholism 42

TABLE OF CONTENTS (CON'T)

Chapter		Page
IV.	Findings	45
	Cases #1-20	45
	Figure I.	51
V.	Conclusions	53
	Recommendations	53
	References	55
	Appendix A.	57
	Appendix B.	137

CHAPTER I

INTRODUCTION

Alcoholism: Its Societal Impact

Alcoholism is one of the most widespread, destructive, costly problems facing our country. It has been estimated that there are approximately nine million alcoholics in the United States (Babow, 1974). These nine million alcoholics affect directly or indirectly the lives of an estimated 36 million Americans daily (Sloboda, 1974). It is impossible to estimate the overall costs in human suffering resulting from broken homes, deserted families, and emotional and health problems.

Alcoholism has affected many components of our society. In industry, for example, the National Council on Alcoholism conducted a study in 1968 which revealed that at least 5.3 percent of the total labor force, or approximately four million workers have alcoholism. This study also revealed the unnecessary waste that alcoholics cause in industry operations which ranges from six to eight billion dollars annually (Wiegard, 1975). This is considered a conservative estimate. It is estimated the total cost of alcoholism directly and indirectly to this country amounts to approximately $15 billion annually (Horton and Leslie, 1974).

People under the influence of alcohol have committed many violent crimes. Babow (1974) reported that in 60 percent of all violent homicides, the killer had been drinking prior to attacking the victim. Babow reported a study in which 40 percent of all male aggressions against females involved offenders who were considered legally drunk while committing these acts.

The National Institute of Alcohol Abuse and Alcoholism reports that 86,000 Americans die of alcoholism every year. In addition, in 1973, problem drinkers were responsible for 19,000 highway deaths, of which 8,000 (42 percent of these deaths) were of persons between the ages of 15 and 25 years. Furthermore, thousands of injuries due to traffic accidents and those occurring at home and work are related to drinking (Rabow, 1974).

Alcoholism: A Brief History of the Problem

Alcohol was probably produced by people before the development of agriculture by the fermentation of wild grapes. Modern distillation of alcohol dates back some 2,000 years. During this entire era, alcoholism has been a major problem to many societies (Horton and Leslie, 1974).

Inasmuch as alcoholism has been a major problem to several societies for many years, various cultures throughout the world have explored a variety of approaches toward the solution of alcoholism. In this country, particularly during the 19th and 20th centuries, numerous trends associated with the treatment of alcoholism assumed major political and legal proportions, bringing to light the highly controversial nature of the problem.

Moral and Religious Issues: The prohibition period successfully made the drinking of alcohol a moral issue and "popularized the image of mother and children in tattered clothes huddling together in the cold outside the tavern wailing, 'Father, dear father, come home with me.'" In this view, "drinking leads to drunkenness, and drunkenness leads to the loss of job, home, and family." The successful use of propaganda not only led to the 18th Amendment, but drinking became a religious issue as well, and while law prohibited its use, it was also seen as a sin (Horton and Leslie, 1974, p. 540).

Legal and Criminal Prosecution: During the era of prohibition, drinking was seen largely as a criminal problem. Punishment was used as a major approach to the problem, and large groups of "drunks" were thrown together into "drunk tanks." However, the law enforcement agencies and courts found this practice to be costly, inefficient, and ineffective. The prohibition-type image and approach which lasted until about 1940 gradually yielded to other approaches following repeal of the 18th Amendment. Court dockets were saturated with "criminalized drunks", large numbers of law enforcement officials were deterred from the pursuit of other criminal offenders, the drunk tanks became a source of controversy for their inhumane practices - and significantly more important, rates of recidivism were high due to lack of follow-up intervention (Horton and Leslie, 1974).

Alcoholism: An Emerging Pattern of Treatment

Both the medical profession and the development of Alcoholics Anonymous played major roles in the gradual acceptance of treatment concepts rather than criminal prosecution of the alcoholic. In the light of the public's heightened interest in these approaches, the Federal Government in the mid 1960's again became seriously interested and involved in the problem of alcoholism. In 1966, within the National

Institute of Mental Health (N.I.M.H.), the National Center for Prevention and Control of Alcohol was established to develop and administer programs relating to alcohol abuse. In 1970, the Center was promoted to a Division of N.I.M.H. Also in the same year, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act was passed. This act was established by the National Institute of Alcohol Abuse and Alcoholism with N.I.M.H. to develop a variety of programs - research, training, and treatment (National Institute of Mental Health).

Horton and Leslie (1974) reported "Most physicians, public health authorities, and public officials believe the medical view of alcoholism and the removal of drunkenness as a criminal offense represent major steps forward in coping with the problem" (p. 605).

Physicians emerged with a conception of alcoholism as an illness. Physicians in the past and present have tried to treat alcoholism with drugs such as antabuse (disulfiram). Physicians who prescribe antabuse try to discourage patients from returning to alcohol. The patient who takes this medication knows if he combines this drug with alcohol, he will experience a violent headache, nausea, and other discomforts. These after effects can be painful and serious. Antabuse should only be taken by individuals who have no medical conditions which can be aggravated by its use in combination with alcohol. It should be noted that antabuse alone is not sufficient in the treatment of alcoholism. However, in combination with other types of treatment, antabuse can be helpful (N.I.M.H., Publication No. (HSM) 72-9019, 1971).

Physical ailments arise with the use of alcohol and many times must be treated by a physician. Treatment of ailments such as cirrhosis of the liver, heart disease, brain damage, and malnutrition is made at the time the alcoholic is on the road to recovery (N.I.M.H., Publication No. (HSM) 72-9019, 1971).

Steiner's and Szasz's Influence: Just as the opponents of prohibition saw an invasion of privacy and individual freedom in the criminalization of alcoholics, Szasz (1971) opposed the civil commitment of alcoholics for the same reason. But perhaps even more significant, Szasz's concept of individual responsibility for one's own acts underlies not only his analysis of alcoholism, but relates to his whole conception of mental health. This view found acceptance by other social scientists. For example, Claude Steiner (1971) believed alcoholism was not a disease, stating that it was not the business of doctors to treat alcoholics, since the responsibility for alcoholism belonged to the alcoholic himself.

Influence of Alcoholics Anonymous: Just as several scientists believed that alcoholism was the responsibility of the individual, so did Alcoholics Anonymous (A.A.). However, A.A. members felt only one alcoholic could help another alcoholic, thereby, giving A.A. legitimacy and permanence. A.A. made many segments of American society dependent upon it. In line with their premise that only one alcoholic could help another alcoholic, A.A. believed that physicians, counselors, clergymen, and psychotherapists should not treat the alcoholic (Sagain, 1969). According to Martindale (1971), A.A. is a close knit group of reformed alcoholics who offer a helping hand and counseling anytime of the day or night. This fellowship gives the recovering alcoholic a sense of belonging and a positive group experience, something the alcoholic has never experienced before. The recovering alcoholic with A.A. has a feeling "that someone cares."

The Problem of Treatment: A Major Social Issue

In addition to the crucial impact of alcoholism on our society, the advent of Federal Government programs with their costly public subsidies has caused new legislation to be enacted in Illinois and other states demanding greater clarification of the treatment issues. No one has been able thus far to really define the term and to say what alcoholism actually is. The whole issue before a treatment program for alcoholism can be implemented successfully is to define precisely the term alcoholism. In the past the term alcoholism has not been successfully put into a definite frame of reference; therefore, there has been much controversy over the nature of alcoholism and how it should be treated (Chafetz and Demone, 1962).

Character Disorder

Character disordered people display a wide range of unacceptable behavior in society. Included in this type of behavior are criminals, sexual offenders of many diagnostic subcategories, drug addicts, and other types of character disorders. According to Gordon (1970), with the lack of observable anxiety and the readiness of the character disordered person to violate social norms in gratifying his drives and wishes, character disordered persons arouse strong feelings in other people.

Many times people respond either with intense anger and resentment or they idolize and idealize him, making him a hero such as Bluebeard, Morgan The Pirate, Jesse James, and others. Gordon believes these reactions occur because the character disordered person does what most of us would like to do but cannot because of the inhibitions and conflicts that we have. Gordon believed we admire him and keep him in our fantasy as a folk hero, and at the same time reduce our own guilt and "control our drives by trying to eliminate him and his arousing effect on us from our environment." Such reactions are complicated by the fact that the character disordered person often is a charming and socially graceful person. Thus, the character disordered person seems both more admirable and dangerous to our own self-control. Gordon believed the character disordered person tends to be what we would like to be and fear to be. At the same time, the character disordered person touches almost every component of our society in a destructive manner. Working in a community mental health center setting, the writer has usually seen the unsuccessful character disordered person.

Character disordered persons show a progressive inability to control and channel their aggressive tendencies. According to Cameron (1963), character disordered persons seem incapable of utilizing their aggression in the service of socially acceptable behavior and achievement. They seem to be unable to take the role of other persons, to see themselves even approximately as others see them, or to understand why others treat them as they do. Many character disordered persons continue as offenders against the law, without profiting as much from their activities as they would by legal means, since they are unable to empathize with other persons and understand society and its law as attempts to organize against the laws of the jungle. They tend to rationalize their behavior by the use of secondary process reasoning. Daily newspapers recount not only crimes, but also antisocial statements from persons who consider themselves leaders of society. The effect of such reporting upon the potential character disordered person is impossible to determine.

Offenses committed by character disordered persons are the same as those committed by others. Character disordered persons commit all manner of crimes of violence, embezzlement, forging and swindling. The distinguishing factor from other criminals is the lack of feeling toward the victim and toward himself as having committed a crime. The character disordered person justifies and rationalizes what he has done, not as a chance he has taken but "as something laudable for which he is being mistreated" (Cameron, 1963). Since it is difficult to draw a clear-cut line between the normal and the neurotic or psychotic, and between the neurotic or psychotic and the irresponsible character disorder personality, "so also it is hard to distinguish sometimes between the character disordered person and the criminal and, for that matter, between the criminal and the law-abiding citizen who cheats on income taxes and smuggles luxuries into his country." However, the extremes in behavior are easily enough recognized, and we have abundant case material in these areas.

Goodwin, Crane, & Guze (1971) stated that a connection between criminality and alcoholism has been long recognized. He cited a study in 1927 by Kent that 41% of 230 male alcoholics had been arrested for major crimes. The second study he cited was researched in 1942 by Banay, reporting that 45% of inmates examined at Sing Sing prison were alcoholics. Other studies have confirmed the observation that alcoholics often commit crimes and that criminals frequently have a drinking problem. According to Kissin and Begleiter (1977) character disorder traits usually precedes alcoholism. The researcher in this study is interested in the psychological dynamics of the individuals who are character disordered who have drinking problems and who may or may not commit crimes. The fact remains character disordered persons commit many of the crimes that occur in this country every year.

STATEMENT OF PURPOSE

The purpose of this study is to determine if there is any relationship between alcoholism and the character disorder syndrome. If a positive psychological relationship can be established between alcoholism and character disordered syndrome, treatment approaches with the alcoholic should be structured differently when possessing character disorder traits. Studies indicate that the treatment of character disorders have been more successful than the treatment of alcoholism.

HYPOTHESIS

There is a definite positive relationship between the characteristics of alcoholism and character disorder among males. This dissertation will attempt to confirm the parallels of alcoholism to character disorder. This hypothesis attempts to determine if the psychological dynamics and behavior are similar between the alcoholic and character disordered person. .If such a relationship can be substantiated, the possibility of a higher rate of treatment success for the alcoholic may be possible.

DELIMITATIONS

The delimitations in this study are:

(1) a sample of twenty males who were prescreened with a history of a problem with alcohol taken from the records of West Central Florida Human Resource Center serving Marion, Citrus, and Hernando Counties in West Central Florida were studied relating alcoholism to a character disorder.

(2) the same sample of twenty males under study displayed characteristics of character disorder.

(3) The twenty cases studied had been in treatment with the West Central Florida Human Resources Center since 1973; however, some of these cases had been in

treatment with other agencies and were transferred to this agency.

(4) The twenty cases presented in the dissertation play a confirmatory role to the related literature and the twelve parallel characteristics of alcoholism to character disorder.

(5) For a case to receive a diagnosis of character disorder, it included eleven of the possible nineteen categories as described in Chapter III.

(6) For a case to receive a diagnosis of alcoholism it included behaviors in three of the four group areas as described in Chapter III.

LIMITATIONS

Research was limited to twenty selected cases because of the following:

(1) Cases with an underlying psychiatric disorder were excluded.

(2) The cases had to be in treatment six months or longer to increase the validity of the study.

(3) This was a clinical case study, not a statistical one.

DEFINITIONS

Alcoholism

To define alcoholism is a difficult task. In the past there has been much controversy as to how the term should be defined. For the purpose of this paper, alcoholism (Chafetz and Demone, 1967) was defined as:

> A chronic behavioral disorder manifested by undue preoccupation with alcohol to the detriment of physical and mental health; by a loss of control when drinking has begun although it may not be carried to the point of intoxication and by a self-destructive attitude in dealing with relationships and life situations. Alcoholism is a result of disturbance and deprivation in early infantile relationships accompanied by related alterations in physiochemical responsiveness; the identification by the alcoholic with significant figures who deal with life problems through the excessive use of alcohol; and a socio-cultural milieu that causes ambivalence, conflict, and guilt in the use of alcohol (p. 33).

Character Disorder

Character disordered persons will be defined as stated by McNeil (1970) using Buss' definition:

> are a kind of living dead, i.e., they are isolated emotionally from other human beings and are without the ability to give or receive love as most of us know it. They may imitate and mimic human emotions but it is a crude imitation of the tender feelings of others that produce loyalty or attachment to others. The character disorder has little in the way of a stable identity of his own since he cannot establish goals and values independent of the social advantage they will bring. Nor can he plan a life based on insight, responsibility and self-image in relationship to others. He gives nothing of himself to others, he takes from others to satisfy his needs. Most important, he is impulsive, undisciplined and cannot trade ephemeral and immediate gratifications. He does what pleases him now and lets the future care for itself. Thus the psychopath is stuck in the present and is unable to deal with the future effectively. He is one-dimensional; he does not learn from the past, and he hasn't the patience to await the future. Immediate temptation is too compelling to resist even if it augers extreme loss in the future, and it is in this way that he is self-defeating (p. 95).

NEED AND SIGNIFICANCE

In the past, professional and nonprofessional groups have treated alcoholism with very limited success. In addition, government money was spent unwisely and caused much criticism among people about the high cost of such programs and the failure rate that occurred. For example, in New York City, a recent proposal requested $10 Million to try to keep 9,000 alcoholics from drinking. Shortly the proposal was attacked because its cost increased to $25 Million and "because similar treatment programs failed in the past." Opponents of the program cited figures from a recent national survey of 1,359 drinking and 1,359 nondrinking Americans which showed that 6 percent of the heavy drinkers who had serious problems associated with drinking quit drinking heavily over a three year period (Horton and Leslie, 1974). As one may see, the nation has spent hundreds of millions of dollars in alcoholism treatment modalities with very limited success. However, the mental health agencies have been more successful in treatment of various character disorders. For example, White (1964) believed that treatment for the character disordered persons has considerable promise when utilizing a therapeutic community. If necessary, they receive vocational training and group psychotherapy while a great deal of emphasis is placed upon programs of social activity involving increasingly responsible behaviors.

SUMMARY

In summary, alcoholism has been very destructive to almost every component of our society; there has been much controversy over the nature and definition of alcoholism and its treatment. Presented in the first chapter is a brief history of the treatment issues that were of focal interest to various professional groups. An attempt was made to clarify the meaning of alcoholism in terms of its ramifications for treatment success. In addition, alcoholism and character disorder were defined as a prelude to the possibility of a positive relationship between the two.

CHAPTER II

REVIEW OF THE LITERATURE

As discussed earlier, there has been much controversy over the treatment of alcoholism and its definition. It is the author's position that in order to obtain a gestalt of alcoholism, it is necessary to look at genetics, the environment, and the psychic self. Professional groups have tried to present their own models of treatment and views of alcoholism (psychologists, sociologists, social workers, doctors, and Alcoholics Anonymous). The author believes that each group made a major contribution in the field of alcoholism; however, each group was limited in its view as described earlier in the introduction. Some of the major contributions by these professional groups have already been discussed. The foregoing contributions presented by the academic disciplines will enable the researcher to obtain a gestalt of alcoholism and to carry on further studies to substantiate the hypothesis in this dissertation.

Sociological Perspectives of Alcoholism

Snyder's Theory

Charles Snyder (1959), a sociologist, proposed that group rates of alcoholism could be thought of as resultants of the interaction of the following variables. The first is called "dynamic factors" which refers to the incidence or level of acute tensions in the group. "This points back to the variable to which clinicians refer their motivational or personality constructs in the effort to identify the driving forces in alcoholism" (p. 33). The second major set of factors is called "normative orientations", referring to the norms, ideas, and sentiments centering around the act of drinking. These normative orientations are embedded in the cultural traditions of many different groups. Snyder emphasized that it was the job of sociologists and anthropologists to describe and analyze "normative orientations" which affect group rates of alcoholism. This phase means all of those culturally patterned behaviors, normal or pathological, other than excessive drinking which serve as alternatives to drinking as a means of coping with stress. Snyder stresses the point that the rates of alcoholism to a given group may be thought of as a product of dynamic, normative, and alternative factors in this way.

Snyder sees his model of alcoholism as a hydraulic model which implies that changes in the group level in the values of any of these factors will offset the alcoholism rate either increasing or decreasing the "pressure" towards alcoholism. According to Snyder, "alcoholism involves a convergence of acute psychic tensions (which may be various in origin) with a particular kind of normative orientation or attitude towards drinking, presumably communicated to the individual by other members of the group" (p. 34). This scheme also supposed that the individuals' situation becomes structured "so as to close off alternative models of adjustment."

"Alcoholism: A Separate Life Style"

Sociologists have viewed alcoholism as a separate life style from that which is acceptable by society. Psychiatrists have focused primarily on the psychodynamics of excessive drinking, believing there is a definite alcoholic personality syndrome with the characteristic behavior of compulsiveness, emotional passivity, and emotional dependency. From a sociological perspective alcoholics seem to develop their own normative patterns, seeking the comfort of permissive behaviors in the alcoholic subculture.

According to Sessoms (1974), alcoholism is without question a study of life styles, indicating that the concept of life style is useful in describing and analyzing a particular group's behavior. This concept allows for the recognition of the integrated and holistic nature of man's functioning. "It considers the relative priority and the unique configuration of values and their relationships" (p. 24). This concept acknowledged the dominance of one's interests as influencing all other activities, including social relationships. Each individual's life style fits within the general framework of a larger life style, such as typified in categories such as ministers, teenagers, artists, scientists, and the like. Within individual life styles there is much overlapping, but within each life style there are specific behavior patterns which are shared by those who prefer that particular way of life. For many people, work is the dominant element in their life style while to others it is family relationships that they based their future upon. Many people centered their life around recreational or vocational interests.

Sessoms believes life styles are neither good nor bad and that society judges their worth and potential depending upon their value to the maintenance of the social system. Because of this belief many life styles are seen as desirable while others are viewed as being destructive or pathological. The alcoholic tends to be pathological in that he neglects his responsibility to others and forces society to take care of him, to tolerate his self-destructive behavior, and to restrict him from activities which might be of potential harm to others.

To the alcoholic, alcohol is a necessity and "therefore his drinking is not a matter of choice." Sessoms believed the peculiarities of his personality makeup and the "illness" alcoholism move him toward a distinctive life style. "He is passive, swings from hyperindependence to hyperdependency, exhibits strong feelings of inadequacy, and finds solace only when 'under the influence.'" All of the alcoholic's relationships, interests, and activities became subservient to alcohol. However, the alcoholic may seek the company of other imbibers, "so critical to the social drinker, group reinforcement is of little importance to the alcoholic" (p. 28). The internal compulsions of the alcoholic tend to be what motivates him, and he is generally a loner.

A Sociological Perspective of Alcoholism

Family Experience

Sociologists have known for a long time that man is a social animal. To become a "productive adult" in our society as defined by the boundaries and norms of society, the individual's socialization takes place in a group experience where he learns appropriate role models of behavior that are acceptable to the larger group. When an individual fails to learn appropriate role models that are acceptable to the larger group, he is considered pathological to the maintenance of society; such is thought of an individual who has alcoholism.

The family unit in every culture has been thought by sociologists to be the unit of social control where the individual learns appropriate behavior that is governed by the norms of the group. In the family group, the individual learns to cope with such behaviors as tension, anger, desires, and other human emotions in a manner that conforms to the norms of any particular group. The family member at this time learns as a small child acceptable modeling behaviors, such as being a father, husband, provider, wife, mother, and the like According to Brown (1944), the inclination towards alcoholism is manifested by some as a feeling of weakness and inefficiency which had its origin in a childhood "that left an individual emotionally immature and with a desire to go against the group and live on a level below the customary demands of the members of the groups" (p. 172). The emotional factors of the individual who has alcoholism seemingly learned from such an experience are "excessive anxiety, tension, repression, regression, fixation, immaturity, frustration, aggression, a low level of personal control, impulses toward self-destruction, homosexual fixation, inability to stand tension, poor integration, guilt obsession, sense of emotional deprivation, and inability to accept or give love" (Martindale and Martindale, 1971, p. 227). According to Brown (1944), alcoholism may include a combination of attitudes involving self-destruction and desire to feel superior by behaving in a way to violate the norms of the group. Such is a case discussed below:

> This self-depreciatory attitude usually became so unbearable that he would have the urge to drink. Alcohol dissipated his sense of weakness and inefficiency. As soon as the alcohol began to make its effect felt, his spirit was lifted, he felt courageous and strong. But apart from the effect of the drug, the act of drinking itself had the significance of a rebellious act for him. He secretly enjoyed the feeling that in the middle of the day during office hours he escaped his duties and indulged in a forbidden activity. In his alcoholic mood, he would also indulge in promiscuous sexuality in a rebellious spirit against limitations imposed upon him by external social standards and the voice of his otherwise strict conscience. Obviously these alcoholic and sexual escapades relieved his sense of inferiority because under the influence of alcohol, he dared to commit such offenses as he would never have ventured without alcohol. But soon after he thus successfully escaped the pangs of inferiority feelings, he ran into a new conflict, that of guilt. For after he had committed all these forbidden sexual and non-social acts in order to show his independence, and thus escape his inferiority feelings, his conscience began to work and made itself felt in the form of remorse (Alexander, 1934, p. 139).

Results of Family Experience

Because an individual fails to develop suitable coping mechanisms in dealing with stress and tension, Brown (1944) theorized that once the individual started drinking, it tended to determine future experiences; "at least it becomes a factor in future interests and adjustments" (p. 172). Many future aspects of one's life events such as employment, social relationships, social status, family relationships, economic security - these adjustments with alcohol as an interactive factor helped to determine the nature of the adaptations.

This revealed the failure of a fundamental institution such as the family to teach the individual appropriate adjusting techniques from group experiences in a positive manner. The real problem, drinking, is not the etiology in itself, but the fact that the alcoholic is maladjusted to some factor in his environment. The objection itself is not in drinking, but the use of drinking to become drunk to escape difficult situations in life rather than utilizing some positive means to meet these unpleasant situations. Alcoholism as an escape mechanism shows a defect in the individual's character to handle stressful situations (Brown, 1944).

Children of Alcoholic Parents

Later in life's sequence, the drinking pattern of an individual is reinforced by peer groups and the additional fact that the alcoholic has been unable to learn to relate to the group in a positive manner and develop positive interpersonal relationships; the alcoholic uses drinking as a crutch to deal with tensions. The end result when the alcoholic individual marries is many times to procreate the situation, as often his offspring develop alcoholism. According to a study cited by Sloboda (1974) there is a higher incidence of alcoholism found in children of alcoholics, and it has been estimated that approximately 52 percent of alcoholics come from homes in which one or both parents had a drinking problem. This appears to be a continuous cycle and tends to promote alcoholism from one generation to the next.

Effects of Alcoholic Parents on Children

A child growing up with an alcoholic is denied the normally shared activities of family life. Children of alcoholics, from the beginning, witness the fact that their parent does not live by society's rules which negatephysical and mental abuse of their children. Discipline is usually inconsistent and the children of alcoholics often do not know what is expected of them (Sloboda, 1974).

Clinebell (1968) has listed four factors which may produce emotional damage in children of alcoholics. First, a shift or reversal of parental roles causes confusion and complicates the task of achieving a strong sense of sexual identity. Second, an inconsistent and unpredictable relationship with such a parent is usually emotionally depriving. Third, the nonalcoholic spouse of the alcoholic parent is disturbed and often is inadequate in the parental role. Finally, the family's increased social isolation interferes with peer relationships and with emotional support from the extended family.

These four factors provide a setting to examine further the effects alcoholic parents have on the personalities of their children. Children of alcoholics according to Sloboda (1974) often have personality disturbances manifested by "signs of hostility, impulsiveness, depression, and sexual confusion" (p. 605). The depression in this case results in a basic feeling of irritability or worthlessness, a fear of the future, poor appetite, insomnia, and even suicide attempts. Sloboda believes this pervasive depression probably originated and is related to the deprived family situation.

Evidence indicates that in girls, sexual confusion was indicated by sexual acting-out, which in turn reflected very poor impulse-control. In a study cited by McKay (1961) on girls arrested for sexual acting-out, he found they had great difficulty in forming relationships that were not fraught with suspicion and lack of trust.

According to Sloboda the literature shows that the son of an alcoholic father may have feelings of helplessness and develop "fear, hatred, or revenge fantasies toward his father" (p. 606). Afterwards a child of such a person may feel guilty and fear retaliation for his thoughts. Such anxiety-producing feelings can cause difficulties in life with authority figures in his adult life.

According to Sloboda (1974) the father's behavior is so inconsistent that the son may become overdependent on his mother. His feelings and thoughts about both parents may become confused and ambivalent, resulting in his turning against his parents. The son may also blame his mother for his father's drinking and associate masculine independence with drunkenness.

Generally the son will have difficulty with his own masculinity, since his role model is inadequate. Sloboda believes an over identification with his mother can lead to serious problems in sexual adjustment, such as homosexuality. According to Sloboda, a son's awareness of the social stigma surrounding alcoholism leads to feelings of "humiliation, estrangement, and isolation" (p. 605). Ambivalent feelings about his role, coupled with a feeling of worthlessness, may lead the son of an alcoholic to cowering conformity, rebellion, and delinquency.

On the other hand, the daughter of an alcoholic father may develop hatred and fear of her father and side with her mother or, conversely, continue to love him desperately and blame her mother for his drinking. Sloboda feels neither of these coping measures is satisfactory. Each time there is a drinking episode, she may feel a deep personal rejection -

and also may confuse independence with drunkenness. The son may be a target for hostility and brutality; the daughter may be the target of seductive behavior from her father. Ambivalent feelings toward the mother may cause guilt or confusion, because many times the son or daughter is ultimately dependent on the nondrinking mother (Sloboda).

Attitudes and values concerning the use of alcohol are learned in childhood through the process of imitation of and identification with significant persons in the environment. This learned behavior is usually acquired the first five years of a child's early development. The testing of these values and attitudes generally occurs during the adolescent years.

Developmental Theory of Mental Disorders

Dr. Rogers, Tatro, and Bowers, three clinical psychologists, worked in state hospitals in Illinois during the 1960's. During their tenure at these institutions, they developed a series of seminars aimed at providing a basic framework from which workers could view and better understand types of personalities and mental disorders, their causes, and treatment.

The three psychologists named their theory, the Developmental Theory of Mental Disorders. Dr. Rogers and his colleagues (1977) refer to the premise that personality and mental disorder are closely related to the developmental stages that all humans go through as they progress from early infancy, through childhood, and into adulthood. According to the authors, the theory holds that at certain stages in the early development of the individual, "due to unusual stresses (usually associated with extreme deprivation or extreme satisfaction) certain patterns of behavior, normal to a given stage, acquire unusual significance, and are adopted either as strong predisposition or habitual ways of handling stressful situations (p. 1). In these series of handouts, the authors hold that the individual's abnormalities of behavior typical of early stages are no longer appropriate when carried over into later stages. In such instances, these behavioral patterns become extremely exaggerated since they serve as the individual's primary defense against the anxieties suffered due to stress. As a result of these extreme defenses, it seems these defenses we observe in everyday contact are the "mental disorders."

In the series of seminars the psychologists compare the first five years of development to psychiatric cases. First, the behavior of the infant of 0-3 months is compared to characteristics of a chronic schizophrenic. Rogers and his associates continue the analysis of the stages, and at one point, compare the hysteric to the 40-60 month old child. The very last seminar discusses the "healthy personality." The seventh seminar, which is of focal interest in this dissertation, describes the character disorder as similar to the 20-27 month stage. In that seminar Rogers and his colleagues developed twelve basic characteristics of the character disorder.

Based upon his clinical experience and observations, the author of this dissertation developed twelve parallel characteristics of the alcoholic similar to those of the character disorder developed by Rogers and his associates. This comparison became the basis for the hypothesis of this paper that there is a positive relationship between alcoholism and that character disorder syndrome in adult males. These characteristics and background information will be presented in Chapter III.

Genetic Aspects of Alcoholism

In recent years the department of psychiatry at Washington University in St. Louis, Missouri has published several articles and books on studies of the genetic aspect of alcoholism. Since November of 1959, the psychiatry department of Washington University has been engaged in a long-term psychiatric and social study of 223 convicted criminals. The purpose of the study was to determine the prevalence and kinds of psychiatric disorders in such a population in order "to note any possible association... between psychiatric illness, family history, parental home experience, delinquency and crime history, and school, job, military, and marital history." Seventy-nine percent of the criminals received diagnoses of sociopathic personalities. As expected of the study, the psychiatric illnesses in the criminals occurring more frequently than expected of the general population included sociopathy, alcoholism, and drug addiction (Guze, Wolfgram, McKenny, and Cantwell, 1967, p. 65).

Another article from Washington University reported findings of a study involving 259 abusers of alcohol (156 males and 103 females:

> 1) females became alcoholic at a later age than males, 2) primary affective disorders may be made as the diagnosis in a significant proportion of the females but not in the males, 3) personality disorder, mainly sociopathy, may be made as the diagnosis in a significant proportion of the males and in a smaller proportion of the females, 4) morbid risks for alcoholism and affective disorder are given in all classes of first-degree relatives; in general male relatives suffer an increased risk of affective disorder, 5) female alcoholic probands are more likely to have a positive family history of psychiatric disease than male probands, 6) male relatives of all 259 alcoholic probands are more likely to have psychiatric illness (in particular alcoholism and affective disorder) than female relatives; and 7) the affective disorder that is seen in the relatives of alcoholic probands is usually only depressive disease (unipolar); an insignificant proportion of first-degree relatives who had affective disorder showed a mania (Winokur, Reisch, Rimmer, and Pitts, 1970, p. 111).

It is to be noted at this time, in the author's clinical experience and in the literature, the term character disorder is found to be used instead of sociopath and psychopath. Historically, there has been a progression in the use of these terms. Different researchers have found character disorder to be similar to sociopath and psychopath (Gioacchini, 1967; Schmidt, Smart, and Moss, 1970; Hunt, 1944; Cameron, 1963).

Two conclusions may be drawn from the above mentioned study. Female members of the alcoholic family may manifest an affective disorder; whereas, males show the illness of alcoholism (Winokur et al., 1970). As a result of these two conclusions, the decision was made to study only male alcoholics in the present dissertation.

In a follow-up study performed at Washington University, it was found that sociopathy was nearly twice as common among alcoholics. More important, to support the evidence that alcoholism is caused by a genetic predisposition, "drinking problems in this group of men were significantly correlated with a diagnosis of sociopathy and depressive symptoms." Also, nearly three-quarters of the alcoholics in their sample were also sociopaths by their definition (Goodwin, Crane, & Guze, 1971, pp. 143 and 146).

Two very important books came out of Washington University, one by Dr. Donald Goodwin and the other by Dr. Lee W. Robins. Dr. Goodwin's book dealt with studies in Denmark and the United States on alcoholism. In Denmark he studied the government registry where all major events are recorded about one's life. In order to control for the effects of heredity and environment, Dr. Goodwin studied sons of alcoholics who had been adopted. The results of the study revealed that the environment appeared to contribute little to the development of alcoholism among the sons of alcoholics in the sample. According to Dr. Goodwin (1976), his finding

> tends to contradict the oft-repeated assertion that alcoholism results from the interaction of multiple causes - social, psychological, biological. This may be true of milder forms of alcoholism, but conceivably severe alcoholism could be relatively uninfluenced by environment, given free access to alcohol. The "father's sins" may be visited on the sons even in the father's absence" (p. 135).

Even with the results of those studies, Dr. Goodwin felt it was premature to say conclusively that alcoholism is caused by genetics, but only that it tends to run in families.

Robins (1974) did a longitudinal study in which 500 patients were studied as children for deviant behavior, restudied as adults thirty years later, and contrasted with a suitable chosen control group. As part of her study on deviance, Dr. Robins studied alcoholics. In her study on alcoholics, her sample group left out any recognizable underlying psychiatric disorders of schizophrenics and other psychotics who were addicted to alcohol. Dr. Robins' study revealed that the alcoholic group had many comparisons to the sociopathic group. For example, they had similar family backgrounds, poor school success, a high rate of truancy, and relatively low I.Q.'s. Dr. Robins showed many comparisons between the two groups, but she did not specifically spell out that alcoholism is associated with character disorder as the researcher attempted to do in this paper. Her work allowed for a foundation from which the researcher of this paper could carry on further studies in this area.

In summary, alcoholism was described as resulting from a combination of factors, genetics, environment, and the psychic self. In the environment, especially within the family structure, alcoholism may be perpetuated through learned behavior. In addition, children of alcoholic parents may experience emotional damage as a result of poor role modeling and social isolation.

Goodwin's and Robins' particular studies (described below and earlier in the paper) have been considered milestones in the area of research of alcoholism and character disordered people by sociologists and clinicians in the field. It is hoped the foregoing research will continue in the same vein in studying the psychological and behavioral dynamics relating the two. Studies performed by Goodwin et al, (1971) and Robins (1974) indicate that sociopaths and alcoholics tend to come from similar social backgrounds. Goodwin's (1976) particular study revealed that alcoholism tends to run in families even when the father is absent. Robins' work indicated that there are several similarities between male alcoholics and sociopaths and that role of the father is important in perpetuating alcoholism from one generation to the next. In addition, Rogers and his associates, utilizing a developmental framework, maintained that the stresses of the first five years of one's life and the methods of coping with those stresses often evolved into the maladaptive mechanisms which lead to mental disorder. Based upon this framework, Rogers and his associates developed ways of identifying certain diagnoses and their behavioral patterns. Following this line of inquiry, efforts were made to lay the ground work substantiating the hypothesis that there is a definite positive relationship between the characteristics of alcoholism and character disorders among males.

CHAPTER III

METHODOLOGY

Descriptive Techniques:

Twenty males who were prescreened, had a history of a problem with alcohol and displayed characteristics of character disorder were studied from a random selection to determine if the characteristics they possess are congruent with the characteristics of character disorder clients. In many cases the presenting problem involved marital maladjustment, financial difficulty, and other disturbance areas of human interaction. A case study approach was utilized in this study to determine the significance of the congruency.

Definition of Sample - The subjects included 20 males with a history of a problem with alcohol who had entered in treatment with the West Central Florida Human Resources Center. The latter facility services Marion, Citrus, and Hernando Counties in West Central Florida. Out of the twenty cases studied, five were derived from the author's case load. Three other counselors were each requested to choose at random five subjects from their case loads. An additional requirement to increase the accuracy of the study required that the clients be known at the agency for a period of a minimum of six months by the counselor, an honest relationship having been established between the client and therapist. In some situations, information about a client's case was obtained from a family member where death occurred or where other family members were involved in treatment. This study sample excluded all clients who had an underlying recognizable psychiatric disorder, such as schizophrenics and other types of psychoses.

First, it was necessary to establish working definitions of an alcoholic and a character disorder in terms of behavioral patterns. Utilizing similar criteria to Robins (1974), an alcoholic arbitrarily received a diagnosis of character disorder when falling within eleven of the nineteen areas listed below with their explanations (Robins, 1974, pp. 342-343):

1) Poor work history- at least six of the following: 6 + jobs within ten years, successive jobs at less pay or less prestige, fired for incompetence or personality conflict, unemployment for more than a month at a time, quitting because of fights or arguments, much time out for illness, chronic absenteeism, job troubles from drinking, no job of as much as three years' duration in the last ten years.

2) Financial dependency- totally or partially supported by relatives, friends, social agencies, or public institutions.

3) Arrests- three or more non-traffic arrests.

4) Disruptive marital history- two or more divorces, marriage to wife with severe behavior problems, repeated separations.

5) Alcohol use- medical complications, arrests, firing, serious family complaints due to alcohol, or chronic intake of 3 + drinks at least three times a week or seven drinks per sitting.

6) Truancy combined with other school problems- four or more of the following plus repeated truancy: did not leave school at graduation point, two years older than average in the last year at school, attended four or more grammar schools, left school voluntarily before completing expected level, failed one full year or more complaints regarding discipline from teachers, fights with students, expulsion, or suspension.

7) Impulsiveness- frequent moving from one city to another, more than one elopement, sudden army enlistments, unprovoked desertion of home.

8) Inappropriate sexual behavior- arrests on charges pertaining to sex, interview claims of extreme promiscuity (e.g., 50 different sexual partners), interview reports of homosexuality.

9) "Wild" behavior in late adolescence- age span of 18 to 20 years reported as characterized by seven or more of these: feeling carefree, leisure time spent almost entirely in social activity, little time spent at home, self-report as reckless or wild, drove fast,

fought, drank excessively, changed jobs frequently, spent money extravagantly.

10) Vagrancy- period of several months or more of travel around the country without prearranged employment.

11) Belligerency- arrest record for fighting, reports of wife or child beatings, self-report of many fights.

12) Maintenance of social relationships- does not participate in activities of any informal social group, sees friends less than once in two weeks, has no or only one close friend, sees less than ten people socially.

13) Lack of guilt- interviewer's impression from the way in which patient reports his history.

14) Somatic complaints- any somatic complaints listed in the intake interview report or progress notes.

15) Use of aliases- interview report or police report showing use of an assumed name.

16) Performance in the Armed Forces- enlistment of less than one year's duration, demotions, repeated AWOL, court-martial, punishments, dishonorable discharge.

17) Pathological lying- fantastic history given which does not apparently serve the function of omitting or whitewashing reports of antisocial behavior.

18) Drug use- addiction to barbituates, bromides, morphine, benzedrine, or dexedrine, or a period of experimentation with drugs for non-medical purposes.

19) Suicide attempts- death by suicide, police record, hospital records, or interview reports of suicide attempts.

All but one of these, truancy, referred only to behavior after

> age 18. This one exception was included because it is widely believed that chronic truancy in adolescence is one of the hallmarks of the disease. For each of these areas of behavior, specific criteria were established for the degree of difficult necessary to count as evidence of disturbed behavior in that area (p. 80).

The criteria to determine the diagnosis of alcoholism were similar to those used by Guze, Wolfgram, McKinney, & Cantwell (1967):

> In order to receive a diagnosis of alcoholism, the symptoms in at least three of the following four groups were required. Group 1 included: 1) tremors or any manifestations of delirium tremors or a history of cirrhosis; 2) impotence associated with drinking; 3) alcoholic "blackout"; 4) alcoholic binges or benders. Group 2 included: 1) subject had not been able to stop drinking when he wanted to stop; 2) subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people; 3) drinking before breakfast; 4) drinking non-beverage forms of alcohol. Group 3 included: 1) arrests for drinking; 2) traffic difficulties associated with drinking; 3) trouble at work because of drinking; 4) fighting associated with drinking. Group 4 included: 1) subject felt he drank too much; 2) family objected to his drinking; 3) other people objected to his drinking; 4) he lost friends because of drinking; 5) he felt guilty about his drinking (p. 653).

Second, the information was obtained through the Center's case recording system. The Center uses an intake interview report to obtain information, such as medical and psychoscoial history and reason for seeking counseling. Also, the Agency uses progress notes forms for recording psychiatric examinations, psychological, and counseling sessions. Since some of the information was not obtainable through the record system, the counselor was interviewed by the researcher to gather data that was not written in the record. In addition, when the client had involvement with other agencies such as Public Aid, Department of Vocational Rehabilitation, other mental health facilities, and the court systems, the records were gathered from these agencies with written authorization of the client. If the researcher was not satisfied with the above information, the patient was interviewed by the researcher to obtain pertinent information, following approval from relevant sources.

By comparing the two sets of diagnostic criteria of alcoholism and character disorder with a sample of twenty, the researcher attempted to substantiate the hypotheses of this research.

NOTE: The client's record was kept confidential at all costs. A numbering system was set up, and when necessary, the researcher obtained written authorization from the client to use his case record in the study.

The methodology used was a case study analysis and not statistical in nature; however, some statistics were utilized for descriptive purposes. Included in this chapter is a supplement which describes the parallels of the character disorder and the alcoholic using developmental theory. It should be noted that use of alcohol is one trait that overlaps in both diagnoses of alcoholism and character disorder.

Parallels of Alcoholism Relating Psychologically to Character Disorder

In this section alcoholism as a character disorder is viewed from a developmental theory framework whose roots are deeply buried in psychoanalysis. From a developmental standpoint the first five years of a child's life are important in developing the tools and techniques to cope with life as an adult in our society. A character disorder has developed characteristics like those of the 20-27 month old stage of a child's life. Up to this point in time, his basic sense of identity having developed, the child becomes increasingly more involved with problems of autonomy, mastery, self-expression and internal control. For the same reason that this was called the anal stage, it is during this stage that toilet training usually becomes a crucial matter for parents and child. Before this point in time, most controls for the child had their origin in the envdronment. Now the child is asked to develop habits of self-control, to regulate his own behavior according to standards set by society, to willfully delay gratifications, and to tolerate everyday tensions in his life (Rogers, et al, 1960).

The earliest phase of this period, "anal expulsive stage", comes at about the same time the child is concerned with breaking away from helpless dependency on the parents; it often provides the focal issue around which the struggle for independence and mastery is fought.

At this time, the child finds that he is able to oppose his heretofore unassailable parents, often causing them consternation by the simple expedient of "letting go" and "making a mess" whenever the urge hits him "(a behavior that supposedly is particularly gratifying in and of itself)". At a later period of time during the earlier phase of the "anal retentive" stage, a child can again resist their control by saying "no" and holding in when they want him to go. The child now begins to realize that his parents are not the all-powerful beings they seemed to be in the earlier stages. The child now sees that they can be opposed, frustrated, and even overcome to some extent. As always the child is concerned with reducing feelings of helplessness. "He relishes the sense of power that he gets from being able to successfully defy his parents' authority and to exercise a measure of control over their responses to him" (Rogers et al, p. 2).

Children at the ages of two to two and one-half are observed to be frequently very negative. They seem to enjoy and be delighted in the use of the word "no." At this stage in the child's development, the parents resort to reverse psychology, that is, saying "yes" to something when they know the child will do the opposite thing, which is what they want him to do in the first place (Rogers et al).

It is thought that the child's "contrariness" or being negative is important to the child for discovering what he can do on his own within external supervision or control. It is in this stage the child wants to learn what his capacities are, to learn to think what is good and bad and "what he wants and does not want and why." In the previous oral stages the child was discovering how he was like others and "what others would do for him; now he wants to find out how he is different from others and what he can do for himself." Now that the child is securely identified, he must now learn how to do for himself, and be different from other people (Rogers et al, p. 2).

In the preceding 15-20 month stage, the child was trying to separate and break loose from the controls forced on him by those to whom he was dependent upon, "but he did so largely by means of illusion-building and excitement." For example, he makes himself believe that he was bigger and freer than he actually was,

> and supported this illusion by plunging into excitements and activating himself - running around excitedly, as it were, on the end of a leash, pretending not to be dependent on his parent support, but all the while continuing to capitulate to their demands out of fear of losing the security of their omnipotence (Rogers et al, p. 2).

In the 20-27 month stage the child is much more realistic than he was in previous stages. The child at this stage is able to recognize his parents' weaknesses, and therefore is able to purposefully aggress against them. He no longer sees them as being all powerful, and he no longer believes they can fulfill all of his needs and desires. The child is no longer "able to feel personally powerful as a consequence of their acceptance." Because of this result, the child's sense of power and mastery now comes from "beating" his parents rather than giving in to them (Rogers et al.).

As a result of the child's learned behavior from this stage, he is beginning to give up his illusions and to realize that if he is to have what he desires "in a world of solid, real objects, he must learn to move them." The child also learns that the best way to move things is to push against them rather than to go along with them. "The adults' sense of mastery and self reliance thus has its roots in the child's initial opposition to his environment." Consistent with the child's growing need to influence and control environmental objects is the 15-20 month "child's greatest interest in the manual manipulation of objects." He likes to kick, bang, push, snatch, and throw objects during this stage (Rogers et al, p. 3).

The child reacts as he is against being controlled by others and is concerned in controlling others. He has not at this point in time learned to control himself very well. At this stage of development, the child is somewhat between stages - "the stage of external control and the stage of self-control - and is, for the time being at least, more or less controlled." He is not well able to tolerate any limitations placed upon him. He is impatient and wants everything now when he desires it. His capability to tolerate frustration is very low, and tends to discharge tension and anxiety too soon, "expediently taking advantage of whatever is at hand to reach desired ends, without giving sufficient consideration to the consequences of his actions." He is the type of person who wants everything now, dominated by bodily impulses, and easily gets into difficulty because he often does not think before acting (Rogers et al, p. 3).

Character Disorder Traits

The person with character disorder has no false beliefs about the all-powerfulness of other people. He does not think that happiness or security can be obtained through the good grade of some extra special other. People who still seek their security through respectful submission and from institutions in which society invests regulatory power have irksome feelings about the defiant attitude of the character disordered person.

If anything, the character disordered person has become disillusioned. He no longer believes in magic solutions, romantic dreams, fantasy fulfillment and the like. The character disordered person has become too harshly realistic, sees himself as being alone and on his own in a world where it is up to the individual to take care of himself to survive. Rogers states (et al, 1960):

> as far as he is concerned, only "suckers" believe in Santa Claus, depend on others to give them what they desire out of life, or when the chips are down everyone is looking out for "number one" - himself - and he who has not learned to get what is his for himself will be left out in the cold, empty-handed, (p. 4).

Rogers and his associates believe the person with a character disorder has many similarities to the 20-27 month old child in that he is basically set to rebel against others. He fears becoming dependent and reacts negatively when someone tries to control directly or indirectly his behavior. According to Rogers, the character disordered person is an "anti" person - anti-authoritarian, anti-dependent, anti-depressive, and anti-tension-containing." Frequently, the character disordered person responds deliberately and aggressively toward external controls (Rogers et al, p. 4).

According to Rogers and his associates this kind of person holds little promise of anything other than immediate, transient satisfaction, and these characteristics are "valued only as expedients." The 20-27 month old child who likes to manipulate objects can be compared to the character disordered person. An exception is that the character disordered person has great facility when it comes to manipulating human objects to get what he wants. Rogers believes the character disordered person is set to resist letting himself once again have to pay the price of guilt, anxiety, restraint, loneliness, and "the threat of helplessness that goes along with needing the love of others. He cannot permit himself to get too close to others, to care about their feelings, or to value them as people." Instead, the character disordered person regards people as objects such as things to be used to further the all-important end to reduce unpleasant tensions (Rogers et al, p. 4).

In addition, the character disordered person also is a very "now-orientated" person. He has turned his back on the past and cut himself off from any emotional attachments. At the same time, this person closes his eyes to the future to avoid tensions and worries that accompany the looking ahead of the likely outcome of the present behavior. Thus, many times he finds himself in trouble with society, because he fails to learn from past experiences or to modify his current behavior in view of probable consequences. In short, since he has not learned to control himself and others cannot control him, he has earned the wrath to suffer the harshest controls that society has developed, imprisonment or other types of institutional placement (Rogers et al, 1960).

Etiology

According to Rogers and his associates the character disordered adult did not make it beyond the expulsive, venting period of the anal stage. When the character disordered person began to move in the 27-40 month stage, the anal retentive stage, his parents would not accept the willful negativism that characterizes this period. Rogers believes that the child begins to take on a more "stubborn won't-give-in flavor" during this stage (Rogers et al, p. 5).

Now the character disordered person places greater emphasis on being retentive, delaying, unmoving, persistent and willfully differing toward the parents, rather than trying to throw off restraints by expulsive means. Rogers thinks that to some parents this represents an even more consciously determined, personalized aggression than was reflected in the comparatively uncontrolled opposition of the preceding 15-20 month manic stage. According to Rogers, the greater control the child has over his actions, the greater responsibility he must bear for the consequences of his actions; "and to the extent that this responsibility carries with it an unusual amount of disapproval from the parents, the more likely it is that the child will forsake attempts to match wills with his parents and drop back to the easier -- to them more acceptable -- expulsiveness" (Rogers et al, p. 5).

Characteristics of a Character Disordered Person

Character disordered persons carefully avoid situations which could lead to the development of anxiety or guilt, such as assuming responsibilities. They steer clear of emotional attachments, avoid becoming tied down, prefer to keep things on a superficial level, etc.

Character disordered persons submit very easily to their impulses because they have little capacity for self-control due to lowered tension-tolerance level and their feelings of lack of control.

Since they seek immediate relief from tension or avoid tension-producing situations altogether, character disordered persons experience minimal inner-conflict. According to Rogers, they give the appearance of being calm, cool, and collected, even recklessly courageous at times. Also character disordered persons tend to minimize the seriousness of the situation and to maintain an attitude of unconcern for the difficulties or dangers inherent in certain situations.

Character disordered persons, as Rogers believes, are action-oriented people and seem to be able to remain confident and calm so long as they are "doing" something.

According to Rogers and his associates, character disordered persons avoid responsible introspective thinking. They do not like hard work of any kind, because it demands control and tension-tolerance. Character disordered persons particularly reject laborious, concentrated intellectual activity, and if they acquire knowledge, it is usually only enough to impress and manipulate others in the immediate situation.

Because the character disordered person primarily tries to protect himself against anxiety, fear, or depression, he tries to acquire techniques for the momentary manipulation of situations.

According to Rogers, character disordered persons are exhibitionistic. "Because of their manipulative goals they value charm, looks, wit, dramatic ability, boldness, cockiness." They want to win others' approval because it can be used and not due to the reward in itself. Since they dress well and may be very personable and sophisticated in manner, they tend to be alert to current styles and status symbols; often they are outgoing, friendly, and lively in a superficial way.

Character disordered persons have little capacity for long-term commitments and tend to become involved in the immediate situation, looking for momentary satisfactions. Rogers believes that they approach others expediently, concerned with obtaining maximum satisfaction in the shortest possible time and without worrying about the means they employ to reach this end.

Character disordered persons have little empathy. The little empathy they do have is usually acquired as a technique to facilitate the development of the quick, self-indulgent relationships they seek. According to Rogers, there is a role-playing kind of empathy, which masks an underlying coldness and distance. They may at a deeper level experience a nostalgia for close attachments, even if they consider them traps for themselves.

Rogers and his associates believe character disordered persons scorn communal feelings and have little appreciation for, or even belief in the kind of emotional attachments that people have for one another. As Rogers states, "they cannot understand most people from other-alienating activities (Rogers et al, p. 8)."

As Rogers sees it, they are basically demanding, and tend to be on the outlook for indulgent givers, (exploitable objects), people they can solicit for affection and help in return for a minimal investment of reciprocal affection or material support. Many times the character disordered person responds with aggression when others place demands on him.

Since character disordered persons tend not to avoid serious backward or forward looking, they are very inconsistent, they live in the immediate present, they make no plans, profit little from past mistakes, and are, thus, highly unpredictable. They destroy any relationships that demand consistency and long-term commitments (Roger et al, pp. 6-12).

Characteristics of Alcoholism

Like the person with character disorder, people who have alcoholism tend to have the same characteristics and acquire a similar socialization process. Because of this, alcoholism tends to promote the following characteristics in people similar to that of character disorder:

People with alcoholism like character disordered persons must avoid situations with guilt and anxiety. When this situation happens,the alcoholic tends to drink more heavily to cover up these feelings.

The alcoholic also has difficulty in controlling his impulse to drink because he has little capacity for self control because of his tension-tolerance level and feelings of lack of control. The alcoholic seeks immediate relief from tension or avoids tension-producing situations altogether by drinking to relieve tension from such situations.

Alcoholics are action-oriented people in a sense that they remain confident with a steady hand as long as they keep drinking and do not have to face reality.

The chronic alcoholic avoids responsibility because it demands tension-tolerance. The alcoholic avoids laborious jobs because they place demands and responsibilities upon him. To avoid these tensions the alcoholic drinks to seek immediate escape. A favorite saying of many alcoholics is:. "working is a curse to the drinking class".

Alcoholics try to acquire techniques to manipulate people in situations that are short term, in order to protect themselves from anxiety or depression. The alcoholic will manipulate people to acquire the next drink, especially if he is down and without money. The alcoholic needs this drink to escape and to cover up the depression or anxieties that overwhelm him in social situations.

Alcoholics often are out-going, friendly, and lively in a superficial way. Alcoholics tend to be this way in order to become friends with people to gain what they need from any individual. This approach itself is not rewarding to the chronic alcoholic, but a tool to use sometimes to acquire the next drink.

Alcoholics are concerned only with the present and get involved only with the immediate situation. That is, the alcoholic looks for an easy situation that is short term in order that he may continue his drinking but without long-term commitments. He usually destroys family relationships because of this incapacity to deal with long-term commitments, and if he is in the family situation, his feelings are very superficial in nature. As described earlier, this kind of relationship usually has a profound effect upon the children.

Alcoholics have little empathy for anyone and what empathy they have is used to facilitate development of the quick, self-indulgent relationships they seek. The alcoholic's empathy is a role-playing type used to his advantage to gain what he needs, such as money to continue his drinking.

The alcoholic scorns communal feelings and has little appreciation for the kind of emotional attachments that people have for one another.

Many times the alcoholic sees himself as a loner and only associates with people for short periods of time for his own satisfaction in a superficial way. Again, the family is a prime example of how his emotions are superficial, resulting in very destructive effects on his children.

The alcoholic is also looking for indulgent givers, "the sucker" who will buy alcohol for him. They may help such a person with minimum effort while expecting maximum return. If such a person places demands on the alcoholic by restraining him, he can act very violently towards that individual.

Since alcoholics tend to avoid serious backward or forward looking, they are consistent in that they continue to get drunk, but inconsistent in their pattern of living; they live in the immediate present, they make no plans, profit little from past mistakes, and are highly unpredictable. They destroy any relationship that demands consistency and long-term commitments.

In summary, this dissertation used a case study approach for its methodology. A sample of 20 clinical cases of males was reviewed by examining psychosocials, progress notes, and information obtained from other agencies. This information was used to determine if the 20 males could receive both a diagnosis of character disorder and alcoholism.

CHAPTER IV

FINDINGS

The following pages include summaries of data compiled from the twenty cases under study. The raw data are available in Appendix A. Characteristics for the criteria for the diagnosis of alcoholism is found in Appendix A. A copy of the intake interview guidelines used by the West Central Florida Human Resource Center is available in Appendix B.

Case #1 received diagnoses of alcoholism and character disorder. He had symptoms in all four group areas in [illegible] criteria for diagnosis of alcoholism. He had displayed twelve of the nineteen criteria for diagnosis of character disorder in the following categories: (1) Poor work history; (2) Financial dependency; (3) Arrests; (4) Marital history; (5) Alcohol; (6) Truancy or poor school history; (7) Impulsive; (9) "Wild" adolescence; (11) Belligerent; (12) Socially isolated; (14) Somatic complaints; (18) Drugs.

Case #2 received diagnosis of alcoholism and displayed symptoms in all four group areas. Patient received diagnosis also of character disorder and was active in twelve of the nineteen possible characteristics in the following categories: (1) Work history; (2) Financial dependency; (3) Arrests; (4) Marital history; (5) Alcohol; (6) Truancy or poor school history; (7) Impulsive; (9) "Wild" adolescence; (13) No guilt; (14) Somatic complaints; (16) Armed Forces performance; (18) Drugs.

Case #3 received diagnosis of alcoholism and displayed characteristics in all four group areas. Patient also received diagnosis of character disorder, revealing the following traits: (1) Poor work history; (2) Financial dependency; (3) Arrests; (4) Disruptive marital history; (5) Alcohol use; (6) Truancy or poor school history; (7) Impulsiveness; (9) "Wild" adolescence; (11) Belligerency; (17) Pathological lying; (18) Drug use.

Case #4 received a diagnosis of alcoholism and displayed characteristics in all four group areas. Patient also received diagnosis of character disorder, revealing the following traits: (1) Poor work history; (2) Financial dependency; (3) Arrests; (4) Disruptive marital history; (5) Alcohol use; (6) Truancy or poor school history; (7) Impulsiveness; (9) "Wild" adolescence; (11) Belligerency; (13) Lack of guilt; (18) Drug use.

Case #5 received diagnosis of alcoholism and displayed traits in all four categories. He also was diagnosed as character disorder, revealing the following traits: (1) Poor work history; (2) Financial dependency; (3) Arrests; (4) Disruptive marital history; (5) Alcohol use; (7) Impulsiveness; (8) Inappropriate sexual behavior; (9) "Wild" adolescence; (10) Vagrancy; (11) Belligerency; (12) Socially isolated; (13) Lack of guilt; (16) Armed Forces performance; (17) Pathological lying; (18) Drug use.

Case #6 received diagnosis of alcoholism and displayed characteristics in all groups. Client was also diagnosed a character disorder and revealed the following traits: (1) Poor work history; (2) Financial dependency; (3) Arrests; (4) Disruptive marital history; (5) Alcohol use; (7) Impulsiveness; (9) "Wild" adolescence; (10) Vagrancy; (11) Belligerency; (13) Lack of guilt; (18) Drug use.

Case #7 was diagnosed as being an alcoholic and revealed traits in all four areas. Client also received diagnosis of character disorder and displayed the following traits: (1) Poor work history; (2) Financial dependency; (4) Disruptive marital history; (5) Alcohol use; (6) Truancy or poor school history; (7) Impulsiveness; (8) Inappropriate sexual behavior; (9) "Wild" adolescence; (10) Vagrancy; (11) Belligerency; (17) Pathological lying; (18) Drug use.

Case #8 received diagnosis of alcoholism and displayed traits in all four group areas. Patient did not receive a diagnosis of character disorder and displayed behavioral problems in the following categories: (4) Disruptive marital history; (5) Alcohol use; (7) Impulsiveness; (9) "Wild" adolescence; (17) Pathological lying; (18) Drug use.

Case #9 was diagnosed as an alcoholic. He displayed traits of behavior in all categories. Patient also received diagnosis of character disorder. He revealed characteristics in the following categories: (1) Poor work history; (2) Financial dependency; (3) Arrests; (4) Disruptive marital history; (5) Alcohol use; (6) Truancy or poor school history; (7) Impulsiveness; (9) "Wild" adolescence; (10) Vagrancy; (11) Belligerency; (14) Somatic complaints; (17) Pathological lying; (18) Drug use.

Case #10 was diagnosed as an alcoholic. He revealed behavioral traits in all four group areas. Patient also received diagnosis of character disorder and displayed personality inadequacies in the following categories:

(1) Poor work history; (2) Financial dependency; (4) Disruptive marital history; (5) Alcohol use; (6) Truancy or poor school history; (7) Impulsiveness; (9) "Wild" adolescence; (10) Vagrancy; (11) Belligerency; (12) Socially isolated; (14) Somatic complaints; (17) Pathological lying.

Case #11 was diagnosed as an alcoholic. He displayed characteristics in all four group areas. He also received a diagnosis of character disorder. Patient revealed traits in the following areas: (1) Poor work history; (2) Financial dependency; (4) Disruptive marital history; (5) Alcohol use; (7) Impulsiveness; (8) Inappropriate sexual behavior; (9) "Wild" adolescence; (10) Vagrancy; (11) Belligerency; (12) Socially isolated; (18) Drug use.

Case #12 was diagnosed as alcoholic. He revealed traits of behavior in all four categories. Patient also received a diagnosis of character disorder. He displayed behavioral traits in the following categories: (1) Poor work history; (3) Arrests; (4) Disruptive marital history; (5) Alcohol use; (6) Truancy or poor school history; (7) Impulsiveness; (9) "Wild" adolescence; (10) Vagrancy; (11) Belligerency; (17) Pathological lying; (18) Drug use; (19) Suicide attempts.

Case #13 received diagnosis of alcoholism. He displayed behavioral disorders in all four groups. Patient was not diagnosed as a character disorder. Subject displayed the following categories: (1) Poor work history; (4) Disruptive marital history; (5) Alcohol use; (7) Impulsiveness; (8) Inappropriate sexual behavior; (11) Belligerency; (16) Armed Forces performance; (17) Pathological lying.

Case #14 was diagnosed as having alcoholism. Patient displayed traits of behavior in all four categories. Subject did not receive a diagnosis of character disorder because he had characteristics in the following areas: (1) Poor work history; (2) Financial dependency; (4) Disruptive marital history; (5) Alcohol use; (7) Impulsiveness; (9) "Wild" adolescence; (11) Belligerency; (17) Pathological lying.

Case #15 received diagnosis of alcoholism and displayed characteristics in all four categories. Subject did not receive a diagnosis of a character disorder and displayed characteristics in the following areas: (1) Poor work history; (2) Financial dependency; (4) Disruptive marital history; (5) Alcohol use; (6) Truancy or poor school history; (7) Impulsiveness; (8) Inappropriate sexual behavior; (11) Belligerency.

Case #16 was diagnosed as alcoholic. Patient displayed characteristics in all four categories. Patient was not diagnosed as a character disorder and was involved in the following problem areas: (4) Disruptive marital history; (5) Alcohol use; (6) Truancy or poor school history; (7) Impulsiveness; (8) Inappropriate sexual behavior; (10) Vagrancy; (18) Drug use.

Case #17 received diagnosis as being an alcoholic and displayed traits in all four categories. Patient did not receive diagnosis as a character disorder and displayed traits in the following areas: (1) Poor work history; (2) Financial dependency; (4) Disruptive marital history; (5) Alcohol use; (7) Impulsiveness; (11) Belligerency; (12) Socially isolated.

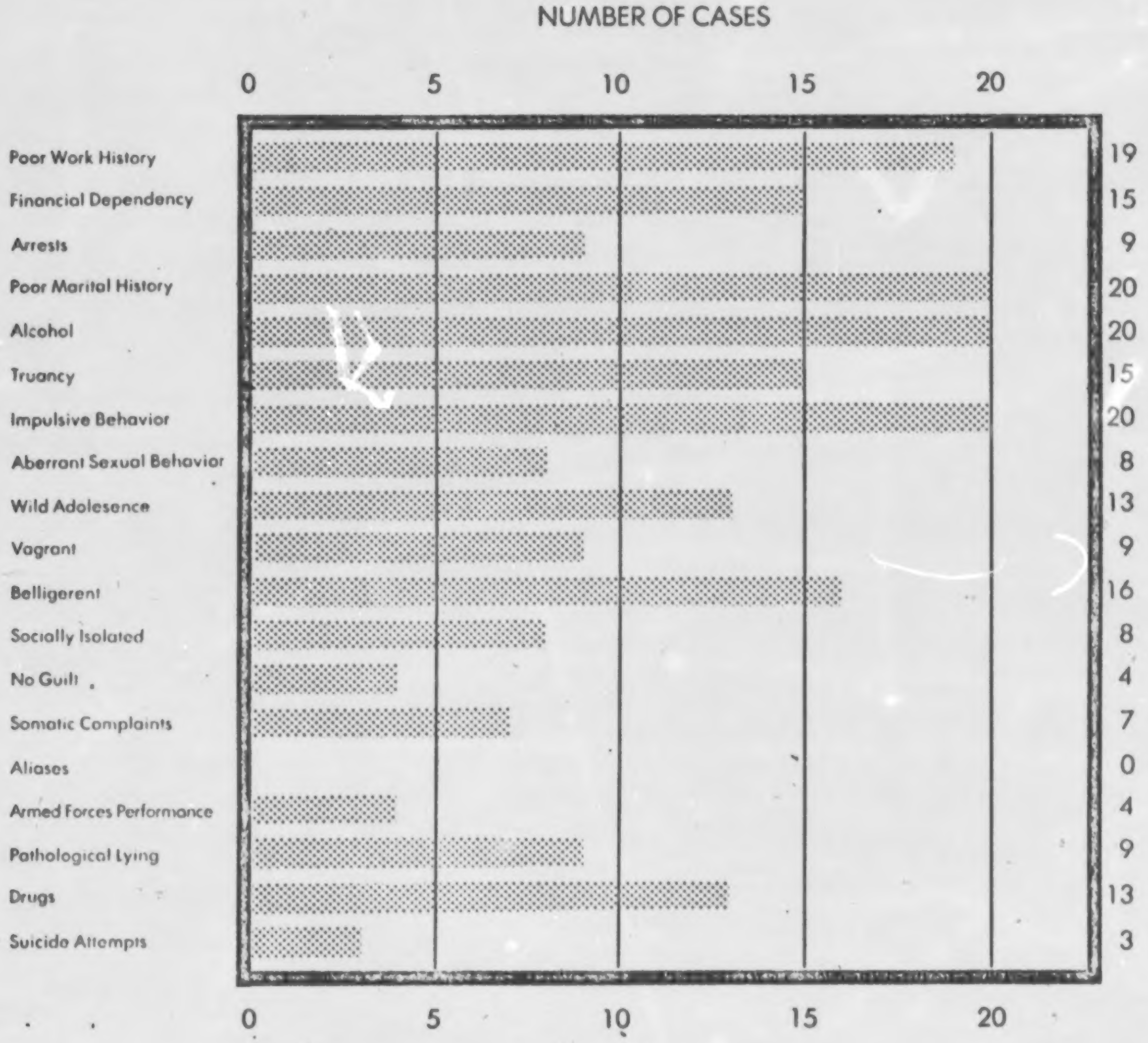
Case #18 diagnosed as alcoholic, patient developed characteristics in all four categories. Subject was not diagnosed as a character disorder, and displayed traits in the following categories: (1) Poor work history; (2) Financial dependency; (4) Disruptive marital history; (5) Alcohol use; (7) Impulsiveness; (8) Inappropriate sexual behavior; (12) Socially isolated; (14) Somatic complaints.

Case #19 diagnosed as having alcoholism. Patient developed traits in all four categories. Patient also was diagnosed as a character disorder, as he displayed characteristics in the following classifications: (1) Poor work history; (3) Arrests; (4) Disruptive marital history; (5) Alcohol use; (6) Truancy or poor school history; (7) Impulsiveness; (11) Belligerency; (12) Socially isolated; (14) Somatic complaints; (16) Armed Forces performance; (19) Suicide attempts.

Case #20 received diagnosis of alcoholism and had problem area traits in all four categories. Patient received diagnosis of character disorder and had traits of behavior in the following categories: (1) Poor work history; (2) Financial dependency; (4) Disruptive marital history; (5) Alcohol use; (6) Truancy or poor school history; (7) Impulsiveness; (8) Inappropriate sexual behavior; (10) Vagrancy; (11) Belligerency; (12) Socially isolated; (14) Somatic complaints; (18) Drug use; (19) Suicide attempts.

Analysis of the twenty alcoholic cases indicated thirteen were diagnosed character disorder, following the criteria described in Appendix A. As can be seen in Figure 1, on page 51, the most frequent problems indicated were a disturbed marital history, alcohol abuse, impulsiveness, or impulsive behavior, and difficulties in the area of work history. Fifteen of the twenty

Character Disorder Characteristics of Subjects



cases had a history of school truancy. In nine of the twenty cases arrests had been made. Also, fifteen of the twenty subjects studied had financial dependency on some significant other or governmental source of income. Only four cases had eight or fewer traits of the possible categories. Most had eleven or more traits, and the highest number was fifteen.

While it would appear the evidence is insufficient to substantiate the hypothesis of this dissertation, thirteen of the twenty subjects had a sufficient number of characteristics for a diagnosis of character disorder, suggesting a positive trend in the direction of alcoholics as character disordered persons. If a larger sample were selected on the basis of known alcoholism only (and not referred additionally for character disorder traits), then the incidence of character disordered persons would predictably be smaller. However, the diagnostician should still consider the effect of character disorder traits because treatment would be quite different.

CHAPTER V

CONCLUSIONS

in the twenty cases with a diagnosis of alcoholism, thirteen received a diagnosis of character disorder, utilizing the arbitrary designation of 11 of Robbins' (1974) characteristics of character disorder. This result would suggest the evidence to be insufficient to substantiate the hypothesis of this dissertation. Nevertheless, the presence of a large number of character disorder traits in the present sample would suggest that there may be heuristic value in viewing the alcoholic in character disorder terms. Whereas, it is probable that cases of alcoholism in other than character disordered persons are numerous in communities throughout the country, there is apparently a significant population of diagnosed cases of alcoholism that have character disorders. Babow's reference to 9 million alcoholics and Goodwin's estimate of three-fourths of his alcoholic subjects as sociopaths tend to confirm the existence of this population. Many of these cases may be hidden from view by nature of their position in society. While many character disordered persons may not be alcoholics, an apparent generalization from the present study is that many alcoholics have character disorders.

RECOMMENDATIONS

The results in this study were inconclusive, and the writer suggests an expanded study of this phenomenon to determine if this hypothesis is appropriate. Although the hypothesis was not overwhelmingly substantiated in the study, there was enough evidence to encourage further investigation.

Inasmuch as traditional psychotherapy with the alcoholic has been relatively ineffective, treatment implications may be significantly improved when oriented toward approaches found effective with the character disordered person. A future study might focus on treatment effectiveness with alcoholics when utilizing a character disorder orientation, which would also provide additional evidence in validation of the psychological similarities of alcoholic and character disorder categories. Similarly, treatment approaches with the alcoholic should be structured differently when the subject possesses character disorder traits.

Another line of inquiry might be pursued to compare similarities and differences in the personalities of children of alcoholics and character disordered persons. Such an investigation in the Robins' vein would not only focus on mutual alcoholic and character disorder traits, but would also shed light on preventive models of treatment related to these traits.

Finally, similarities between the alcoholic and character disordered person appear to reflect the similarity of both to the influence of external, environmentally related variables. In this respect, the association would tend to undermine the disease concept of alcoholism. Given the proper controls, a meaningful study might address itself to the question of environmental influences as compared to genetic ones. In addition, another study that might be done would compare the treatment models of alcoholism utilizing the character disorder concept with the present day medical model approach.

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APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 1

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	
4. drinking non-beverage forms of alcohol	X

GROUP III

1. arrests for drinking	X
2. traffic difficulties associated with drinking	X
3. trouble at work because of drinking	
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1. Work History	X
2. Financial Dependency	X
3. Arrests	X
4. Marital History	X
5. Alcohol	X
6. Truancy or poor school history	X
7. Impulsive	X
8. Sexual Behavior	
9. "Wild" Adolescence	X
10. Vagrant	
11. Belligerent	X
12. Socially Isolated	X
13. No guilt	
14. Somatic Complaints	X

15. Aliases	
16. Armed Forces Performance	
17. Pathological lying	
18. Drugs	X
19. Suicide attempts	

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 2

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	X
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	X
2. traffic difficulties associated with drinking	X
3. trouble at work because of drinking	
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1.	Work History	X
2.	Financial Dependency	X
3.	Arrests	X
4.	Marital History	X
5.	Alcohol	X
6.	Truancy or poor school history	X
7.	Impulsive	X
8.	Sexual Behavior	
9.	"Wild" Adolescence	X
10.	Vagrant	
11.	Belligerent	
12.	Socially Isolated	
13.	No guilt	X
14.	Somatic Complaints	X

15. Aliases

16. Armed Forces Performance X

17. Pathological lying

18. Drugs X

19. Suicide attempts

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 3

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	X
2. traffic difficulties associated with drinking	X
3. trouble at work because of drinking	X
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1. Work History	X
2. Financial Dependency	X
3. Arrests	X
4. Marital History	X
5. Alcohol	X
6. Truancy or poor school history	X
7. Impulsive	X
8. Sexual Behavior	
9. "Wild" Adolescence	X
10. Vagrant	
11. Belligerent	X
12. Socially Isolated	
13. No guilt	
14. Somatic Complaints	

15. Aliases	
16. Armed Forces Performance	
17. Pathological lying	X
18. Drugs	X
19. Suicide attempts	

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 4

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	X
2. traffic difficulties associated with drinking	X
3. trouble at work because of drinking	X
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1. Work History	X
2. Financial Dependency	X
3. Arrests	X
4. Marital History	X
5. Alcohol	X
6. Truancy or poor school history	X
7. Impulsive	X
8. Sexual Behavior	
9. "Wild" Adolescence	X
10. Vagrant	
11. Belligerent	X
12. Socially Isolated	
13. No guilt	X
14. Somatic Complaints	

15. Aliases

16. Armed Forces Performance

17. Pathological lying

18. Drugs X

19. Suicide attempts

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 5

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	X
2. traffic difficulties associated with drinking	
3. trouble at work because of drinking	X
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	
5. he felt guilty about his drinking	

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1. Work History	X
2. Financial Dependency	X
3. Arrests	X
4. Marital History	X
5. Alcohol	X
6. Truancy or poor school history	
7. Impulsive	X
8. Sexual Behavior	X
9. "Wild" Adolescence	X
10. Vagrant	X
11. Belligerent	X
12. Socially Isolated	X
13. No guilt	X
14. Somatic Complaints	

15. Aliases	
16. Armed Forces Performance	X
17. Pathological lying	X
18. Drugs	X
19. Suicide attempts	

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 6

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	
4. drinking non-beverage forms of alcohol	X

GROUP III

1. arrests for drinking	X
2. traffic difficulties associated with drinking	X
3. trouble at work because of drinking	X
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1.	Work History	X
2.	Financial Dependency	X
3.	Arrests	X
4.	Marital History	X
5.	Alcohol	X
6.	Truancy or poor school history	
7.	Impulsive	X
8.	Sexual Behavior	
9.	"Wild" Adolescence	X
10.	Vagrant	X
11.	Belligerent	X
12.	Socially Isolated	
13.	No guilt	X
14.	Somatic Complaints	

15. Aliases

16. Armed Forces Performance

17. Pathological lying

18. Drugs X

19. Suicide attempts

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 7

GROUP I

1.	tremors or any manifestations delirium tremors or a history of cirrhosis	X
2.	impotence associated with drinking	
3.	alcoholic "blackout"	X
4.	alcoholic binges or benders	X

GROUP II

1.	subject has not been able to stop drinking when he wanted to stop	X
2.	subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	
3.	drinking before breakfast	
4.	drinking non-beverage forms of alcohol	X

GROUP III

1. arrests for drinking
2. traffic difficulties associated with drinking
3. trouble at work because of drinking X
4. fighting associated with drinking

GROUP IV

1. subject felt he drank too much X
2. family objected to his drinking X
3. other people objected to his drinking X
4. he lost friends because of drinking X
5. he felt guilty about his drinking X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1. Work History	X
2. Financial Dependency	X
3. Arrests	
4. Marital History	X
5. Alcohol	X
6. Truancy or poor school history	X
7. Impulsive	X
8. Sexual Behavior	X
9. "Wild" Adolescence	X
10. Vagrant	X
11. Belligerent	X
12. Socially Isolated	
13. No guilt	
14. Somatic Complaints	

15. Aliases	
16. Armed Forces Performance	
17. Pathological lying	X
18. Drugs	X
19. Suicide attempts	

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 8

GROUP I

1.	tremors or any manifestations delirium tremors or a history of cirrhosis	X
2.	impotence associated with drinking	
3.	alcoholic "blackout"	X
4.	alcoholic binges or benders	X

GROUP II

1.	subject has not been able to stop drinking when he wanted to stop	X
2.	subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3.	drinking before breakfast	X
4.	drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	
2. traffic difficulties associated with drinking	
3. trouble at work because of drinking	
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1. Work History	
2. Financial Dependency	
3. Arrests	
4. Marital History	X
5. Alcohol	X
6. Truancy or poor school history	
7. Impulsive	X
8. Sexual Behavior	
9. "Wild" Adolescence	X
10. Vagrant	
11. Belligerent	
12. Socially Isolated	
13. No guilt	
14. Somatic Complaints	

15. Aliases	
16. Armed Forces Performance	
17. Pathological lying	X
18. Drugs	X
19. Suicide attempts	

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 9

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	X
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	X
2. traffic difficulties associated with drinking	X
3. trouble at work because of drinking	X
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1.	Work History	X
2.	Financial Dependency	X
3.	Arrests	X
4.	Marital History	X
5.	Alcohol	X
6.	Truancy or poor school history	X
7.	Impulsive	X
8	Sexual Behavior	
9.	"Wild" Adolescence	X
10.	Vagrant	X
11.	Belligerent	X
12.	Socially Isolated	
13.	No guilt	
14.	Somatic Complaints	X

15. Aliases	
16. Armed Forces Performance	
17. Pathological lying	X
18. Drugs	X
19. Suicide attempts	

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 10

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	
2. traffic difficulties associated with drinking	X
3. trouble at work because of drinking	X
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1.	Work History	X
2.	Financial Dependency	X
3.	Arrests	
4.	Marital History	X
5.	Alcohol	X
6.	Truancy or poor school history	X
7.	Impulsive	X
8.	Sexual Behavior	
9.	"Wild" Adolescence	X
10.	Vagrant	X
11.	Belligerent	X
12.	Socially Isolated	X
13.	No guilt	
14.	Somatic Complaints	X

15. Aliases

16. Armed Forces Performance

17. Pathological lying X

18. Drugs

19. Suicide attempts

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 11

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	
3 drinking before breakfast	
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking

2. traffic difficulties associated with drinking

3. trouble at work because of drinking X

4. fighting associated with drinking X

GROUP IV

1. subject felt he drank too much X

2. family objected to his drinking X

3. other people objected to his drinking X

4. he lost friends because of drinking X

5. he felt guilty about his drinking X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1. Work History	X
2. Financial Dependency	X
3. Arrests	
4. Marital History	X
5. Alcohol	X
6. Truancy or poor school history	
7. Impulsive	X
8. Sexual Behavior	X
9. "Wild" Adolescence	X
10. Vagrant	X
11. Belligerent	X
12. Socially Isolated	X
13. No guilt	
14. Somatic Complaints	

15. Aliases	
16. Armed Forces Performance	
17. Pathological lying	
18. Drugs	X
19. Suicide attempts	

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 12

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	
4. drinking non-beverage forms of alcohol	X

GROUP III

1. arrests for drinking	X
2. traffic difficulties associated with drinking	X
3. trouble at work because of drinking	X
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1.	Work History	X
2.	Financial Dependency	
3.	Arrests	X
4.	Marital History	X
5.	Alcohol	X
6.	Truancy or poor school history	X
7.	Impulsive	X
8.	Sexual Behavior	
9.	"Wild" Adolescence	X
10.	Vagrant	X
11.	Belligerent	X
12.	Socially Isolated	
13.	No guilt	
14.	Somatic Complaints	

15. Aliases	
16. Armed Forces Performance	
17. Pathological lying	X
18. Drugs	X
19. Suicide attempts	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 13

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	X
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	
2. traffic difficulties associated with drinking	
3. trouble at work because of drinking	X
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	
5. he felt guilty about his drinking	

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1.	Work History	X
2.	Financial Dependency	
3.	Arrests	
4.	Marital History	X
5.	Alcohol	X
6.	Truancy or poor school history	
7.	Impulsive	X
8.	Sexual Behavior	X
9.	"Wild" Adolescence	
10.	Vagrant	
11.	Belligerent	X
12.	Socially Isolated	
13.	No guilt	
14.	Somatic Complaints	

15. Aliases	
16. Armed Forces Performance	X
17. Pathological lying	X
18. Drugs	
19. Suicide attempts	

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 14

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	
2. traffic difficulties associated with drinking	
3. trouble at work because of drinking	
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1.	Work History	X
2.	Financial Dependency	X
3.	Arrests	
4.	Marital History	X
5.	Alcohol	X
6.	Truancy or poor school history	
7.	Impulsive	X
8.	Sexual Behavior	
9.	"Wild" Adolescence	X
10.	Vagrant	
11.	Belligerent	X
12.	Socially Isolated	
13.	No guilt	
14.	Somatic Complaints	

15. Aliases

16. Armed Forces Performance

17. Pathological lying X

18. Drugs

19. Suicide attempts

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 15

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	
3. drinking before breakfast	X
4. drinking non-beverage forms of alcohol	X

GROUP III

1. arrests for drinking	
2. traffic difficulties associated with drinking	
3. trouble at work because of drinking	X
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1. Work History	X
2. Financial Dependency	X
3. Arrests	
4. Marital History	X
5. Alcohol	X
6. Truancy or poor school history	X
7. Impulsive	X
8. Sexual Behavior	X
9. "Wild" Adolescence	
10. Vagrant	
11. Belligerent	X
12. Socially Isolated	
13. No guilt	
14. Somatic Complaints	

15. Aliases

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16. Armed Forces Performance

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17. Pathological lying

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18. Drugs

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19. Suicide attempts

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 16

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	X
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	
2. traffic difficulties associated with drinking	
3. trouble at work because of drinking	X
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1. Work History	
2. Financial Dependency	
3. Arrests	
4. Marital History	X
5. Alcohol	X
6. Truancy or poor school history	X
7. Impulsive	X
8. Sexual Behavior	X
9. "Wild" Adolescence	
10. Vagrant	X
11. Belligerent	
12. Socially Isolated	
13. No guilt	
14. Somatic Complaints	

15. Aliases

16. Armed Forces Performance

17. Pathological lying

18. Drugs X

19. Suicide attempts

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 17

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	
2. traffic difficulties associated with drinking	
3. trouble at work because of drinking	X
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1. Work History	X
2. Financial Dependency	X
3. Arrests	
4. Marital History	X
5. Alcohol	X
6. Truancy or poor school history	
7. Impulsive	X
8. Sexual Behavior	
9. "Wild" Adolescence	
10. Vagrant	
11. Belligerent	X
12. Socially Isolated	X
13. No guilt	
14. Somatic Complaints	

15. Aliases

16. Armed Forces Performance

17. Pathological lying

18. Drugs

19. Suicide attempts

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 18

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	X
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	
2. traffic difficulties associated with drinking	
3. trouble at work because of drinking	X
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1. Work History	X
2. Financial Dependency	X
3. Arrests	
4. Marital History	X
5. Alcohol	X
6. Truancy or poor school history	
7. Impulsive	X
8. Sexual Behavior	X
9. "Wild" Adolescence	
10. Vagrant	
11. Belligerent	
12. Socially Isolated	X
13. No guilt	
14. Somatic Complaints	X

15. Aliases

16. Armed Forces Performance

17. Pathological lying

18. Drugs

19. Suicide attempts

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 19

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	X
4. drinking non-beverage forms of alcohol	

GROUP III

1. arrests for drinking	X
2. traffic difficulties associated with drinking	
3. trouble at work because of drinking	
4. fighting associated with drinking	X

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1. Work History	X
2. Financial Dependency	
3. Arrests	X
4. Marital History	X
5. Alcohol	X
6. Truancy or poor school history	X
7. Impulsive	X
8. Sexual Behavior	
9. "Wild" Adolescence	
10. Vagrant	
11. Belligerent	X
12. Socially Isolated	X
13. No guilt	
14. Somatic Complaints	X

15.	Aliases	
16.	Armed Forces Performance	X
17.	Pathological lying	
18.	Drugs	
19.	Suicide attempts	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF ALCOHOLISM

Case No. 20

GROUP I

1. tremors or any manifestations delirium tremors or a history of cirrhosis	X
2. impotence associated with drinking	
3. alcoholic "blackout"	X
4. alcoholic binges or benders	X

GROUP II

1. subject has not been able to stop drinking when he wanted to stop	X
2. subject tried to control drinking by allowing himself to drink only under certain circumstances such as only after 5 p.m. or only on weekends or only with other people	X
3. drinking before breakfast	X
4. drinking non-beverage forms of alcohol	X

GROUP III

1. arrests for drinking	X
2. traffic difficulties associated with drinking	X
3. trouble at work because of drinking	X
4. fighting associated with drinking	

GROUP IV

1. subject felt he drank too much	X
2. family objected to his drinking	X
3. other people objected to his drinking	X
4. he lost friends because of drinking	X
5. he felt guilty about his drinking	X

APPENDIX A

CRITERIA FOR DIAGNOSIS OF CHARACTER DISORDER

1.	Work History	X
2.	Financial Dependency	X
3.	Arrests	
4.	Marital History	X
5.	Alcohol	X
6.	Truancy or poor school history	X
7.	Impulsive	X
8.	Sexual Behavior	X
9.	"Wild" Adolescence	
10.	Vagrant	X
11.	Belligerent	X
12.	Socially Isolated	X
13.	No guilt	
14.	Somatic Complaints	X

15. Aliases	
16. Armed Forces Performance	
17. Pathological lying	
18. Drugs	X
19. Suicide attempts	X

APPENDIX B

OUTLINE FOR INTAKE INTERVIEW REPORT

A. IDENTIFYING INFORMATION

1. Age, sex, race, marital status, lives with, occupation, referred by.

2. General description, height, [illegible]ght, gait, postures, mannerisms, speech. Essentially it is what you observe in behavior; affective display.

B. PRESENTING PROBLEM

1. Why patient is here. Description of present difficulty from its onset to present including situational factors. What has been done thus far and how has it affected patient's life? What does patient think is happening? Why now seek help? Significant recent event?

2. History of presenting symptoms. Ever happen before? when? where? how long? resolved?

C. PRIOR/PRESENT PSYCHIATRIC HELP and/or RELEVANT PHYSICAL ILLNESSES

Operations, head injuries, accidents, hospitalizations. Age, dates, places. Include outcome and present treatments and/or medications. Alcohol, drug, use/abuse; age, type, frequency.

D. HISTORY/FAMILY OF ORIGIN

Birthplace, parents, siblings (birthdates and sexes), living or dead, significant extended family, character traits and relationship to parent then and now. Patient named after? Any history of physical/mental illness, alcohol or drug use/abuse in family? Extent of impact on patient of religious values and beliefs and practices. Family cultural and socioeconomic background. Discipline, whose role, how, when, and where. "Special" relationships?

E. EGO DEVELOPMENT

Infancy, early childhood, adolescence, and adult life.

1. Problems of pregnancy, marital problems during pregnancy, birth and post natal period, (depression?), was pregnancy wanted? What was patient told about events prior and after his or her birth?

2. Feeding, weaning, toilet training, bed wetting? Until how old?

3. Crawling. walking, talking.

4. Relating to parents, siblings.

5. Earliest childhood memory? (Sometimes composite of child's view of the world he was born into.)

6. Peer relationships, pre-school on up.

7. School/Social Adjustment - achievement level, friends, clicks, groups, clubs, teachers, interests and hobbies. Educational emphasis, scholastic/athletic achievement. History of moves? Why, how many, what grade, how did patient/family adjust?

8. Psycho-sexual history - (amplified if this is basic complaint) Therapist must be sensitive to patient's reaction or discomfort.

    a. Sexual attitudes in home, affection, love, family sleeping arrangements.

    b. How did you learn "facts of life?"

    c. Age of menses/wet dreams, ejaculations, masturbation.

    d. Patient's attitude toward body, kissing, petting, intercourse, homosexual acts, feelings, fantasies. Important intimate sexual relationships, age.

    e. Any traumatic physical or sexual experience? Why, when, where, with whom? Who did patient turn to?

9. Major separation experiences and adjustments.

10. Occupational history - job, relationship with authority figures, employer, employees - advancement, stability, satisfaction and attitude.

11. Military service - how entered, age, branch, length, job speciality, how did it affect patient's life, adjustment, type of discharge, post service adjustment.

F. PRESENT FAMILY

Marital history - (each one) age met, how long dated - What was special that this person was one you chose to marry? Family accepted choice? Roles, dynamics, who did what, when? Assigned responsibilities, decision maker. Describe family routine, work, pleasure. Sexual adjustment? Children? Planned and wanted? Separation, divorce, remarriage. History of family difficulties/resolutions? Adult relationships, spouse, in-laws, children, (left home.), friends.

LATE ADULT

Retirement, affect on life, feelings regarding aging, health, dying and death, self/others.

G. ADDITIONAL INFORMATION OTHER AGENCIES

Received or requested.

MENTAL STATUS

1. APPEARANCE AND BEHAVIOR

A. Appearance - Dress, make-up, hygiene, distinguishing features, scars, tattoos and deformities.

B. Behavior

1b. Mannerisms - ritualistic behaviors, facial expressions, tics grimacing, eye contact and tremors.

2b. Psychomotor Activity - retardation, listlessness, hyperactivity, coordination, gait, posture, paralysis, catatonia, rigidity, akathisia, dykinesia.

3b. Sleep patterns - Eating Patterns

2. SPEECH

Aphasia, stuttering, blocking, slurring, undertalkative, mute, talks to self, overtalkative, shouting, incoherent speech, neologism, echolalia, perservation, obsene language, pressured, (word salad).

3. MOOD AND AFFECT

Attitude, resistance, shallow, blunted, range, contrived, anxious, depressed, elated, nervous, tense, apathetic, appropriate?, flat, agitated, euphoric, hostile, temper out-bursts, nihilistic, sad.

4. THOUGHT PROCESSES

Abstract thinking, circumstantial, tangential, looseassociations, flight of ideas, obsessions, reality testing, perception, illusions, hallucinations (auditory, visual, alfactory and tactile).

5. THOUGHT CONTENT

Delusions, ideas of reference, persecution, irrational fears, phobia, confabulation, ideas of grandeur, religious conflicts, shame, guilt, self-critical, rumination, perfectionistic, suicidal ideation, somatic preoccupation.

6. INTELLECTUAL FUNCTIONING

Insight, intelligence, decision-making, problem-solving, immediate and remote memory functioning, alertness, amnesia, fugue state, time, space, person orientation, selective memories, judgment, attention span.

7. SELF IMAGE

Body image, sexual identity, masculinity, femininity, perversion, masking, manipulation, hopelessness, helplessness, despair, guilt, self-critical, depreciatory, level of assertiveness, expectations of self, idealized self, narcissism, hedonistic, perfectionistic.

DIAGNOSTIC ASSESSMENT AND TREATMENT PLAN

A. DIAGNOSTIC ASSESSMENT WITH DIFFERENTIAL DIAGNOSIS

1. Include brief statement of understanding of bio-psycho-social dynamics, as well as defense mechanisms utilized by patient.

   Defense Mechanisms - denial, fantasy, repression, rationalization, projection, reaction formation, displacement, sublimation, intellectualization, regression, identification, introjection, compensation. How used? How effective?

2. DSM III (II) Diagnosis - Primary____________
   Secondary___________

B. TREATMENT PLAN

1. Problems (in order of priority)

   a. __________

   b. __________

   c. __________

   d. __________

C. ASSESSMENT

D. GOALS (in order of priority)

Short term (1, 2, 3, 3tc.)

Long term (1, 2, 3, 3tc.)

E. RECOMMENDATIONS